

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

GRCA001USO

First Named Inventor

Alfredo Garcia

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**A METHOD FOR FINANCING THE ACQUISITION OF AN ASSET FOR MEMBERS OF A
GROUP**

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comment on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22304-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/01 (08-03)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Hulse, Gellner, Fulkert & Webster LLP			
Address 0811 N. Capital of Texas Highway, Suite 3200 8911 N. Cap. of Tx Hwy Suite 3200			
City Austin	State Texas	ZIP 78759	
Country USA	Telephone (512) (512) 706 0006 795-0095	Fax (512) 795-9905	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Alfredo		Family Name or Surname Garcia	
Inventor's Signature			Date 02/28/04
Residence: City Austin	State Texas	Country USA	Citizenship Mexico
Mailing Address 2716 Barton Creek Blvd., #14			
City Austin	State Texas	ZIP 78735	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/01A or 02A attached hereto.			

This application claims priority from Applicant's provisional U.S. Serial No. _____, filed on February 28, 2003 and entitled "A Method for Financing the Acquisition of An Asset".

WARNINGS

“THE OPERATIONS AND OBLIGATIONS DERIVED FROM THIS CONTRACT OF ADHESION ARE THE EXCLUSIVE RESPONSIBILITY OF THE PROVIDER AND OF THE MEMBERS AND THEIR COMPLIANCE, IN NO MANNER, SHALL BE GUARANTEED NOR ECONOMICALLY ENDORSED BY STATE OR FEDERAL GOVERNMENTS, NOR BY ANY PERSON FROM THE PUBLIC BRANCH, NOR BY THE MANAGER NOR BY THE INSTITUTION WHICH PROVIDES THE TRUST ACCOUNT FOR THE MANAGEMENT OF THE RESOURCES OF THE GROUP, NOR BY THE BANKING INSTITUTIONS THAT RECEIVE THE PAYMENTS OF THE MEMBERS”.

RECOMMENDATION TO “THE ASSOCIATE”

Before signing this contract, please read each one of the chapters carefully.

“The Associate”

“The Provider”